




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1824

HENDERSON

DOCTOR WASHINGTON'S ESSAY ON YELLOW
FEVER

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CRITICISM

ON

DOCTOR WASHINGTON'S

ESSAY

ON

YELLOW FEVER.



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CRITICISM

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DOCTOR WASHINGTON'S

ESSAY

ON

YELLOW FEVER.

BY TH: HENDERSON,

Fellow of the Medical Society of the District of Columbia.

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PREFATORY REMARKS.

IN the summer of 1823, an *Essay on Yellow Fever* was read before the Medical Society of the District of Columbia, by B. WASHINGTON, M. D.; and was presented to the *profession* through the medium of the Philadelphia Journal of Medical and Physical Sciences, in August of the same year. At the same time, it was circulated more or less *generally*, in a pamphlet form in Washington. In this way, falling into the hands of the Editors of the *Intelligencer*, it received a *newspaper puff*, and attracted popular attention. Certain opinions contained in the *Essay*, were commented on as honourable to the candour of the author, although they were considered as presenting the state of the Medical profession in an unfavourable aspect. As the author of the *Essay* did not remove the impressions which were created, a respectful attempt was made on my part, to stop the progress of error, by inviting proof or disavowal, and by giving some facts which were authentic. It was then intimated that notice would

at a proper place, be taken of those parts of the Essay which were strictly professional. The following Criticism was read; not, however, without previously submitting it to the judgment of many able and candid medical gentlemen, who all united in the assurance that the letter and spirit were strictly within the boundaries of fair criticism. It was shewn to these gentlemen with a request that any improprieties might be pointed out and removed.

The author of the Essay has taken a different view of it: and has, it is thought, misrepresented its character. It is therefore published.

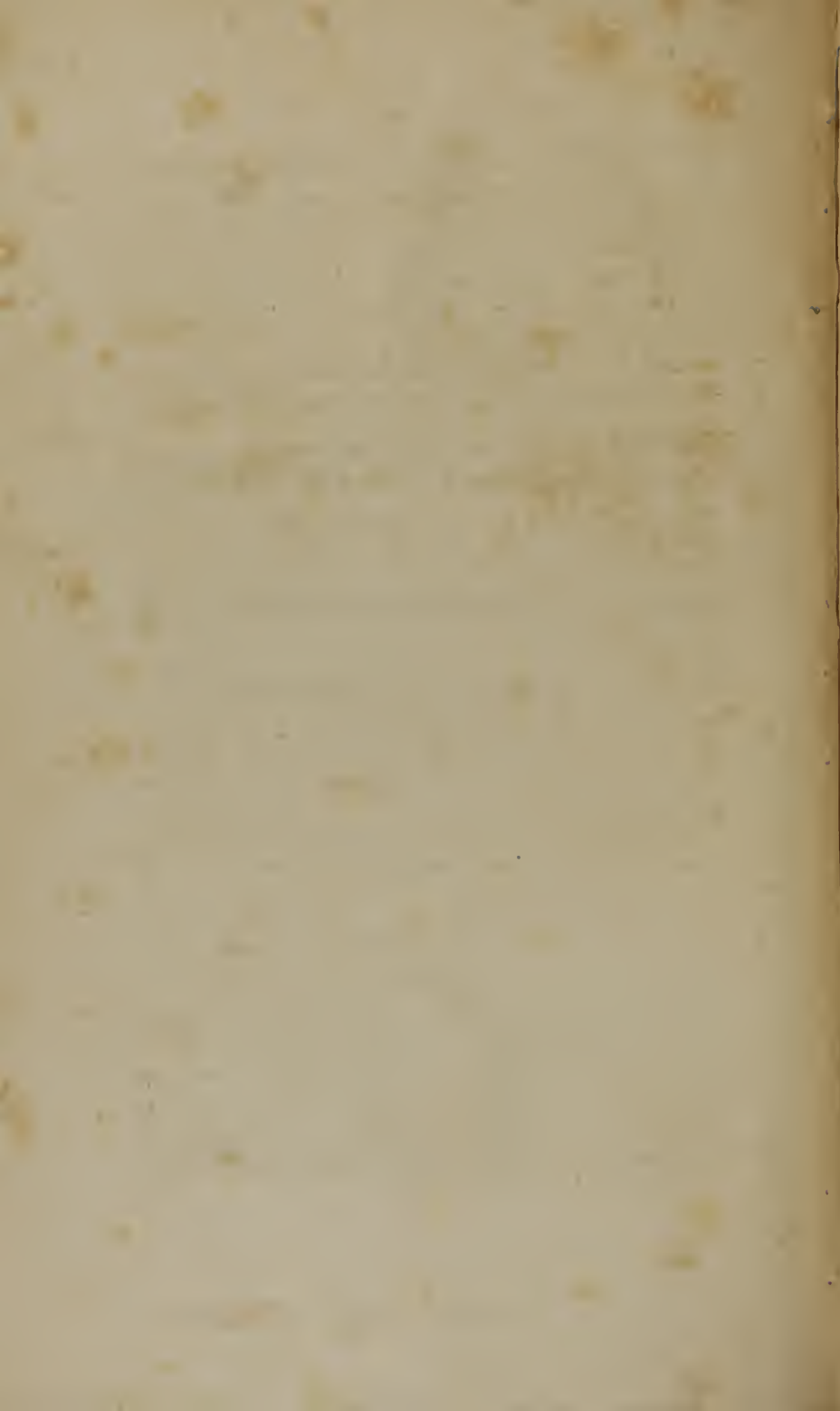
Any want of judgment which the Essay displays, certainly the author has not carried into his course since it was made public. Wrapt in the mantle of error, he is content with silently observing the propagation of his views, which are unsupported by fact or philosophy. Some time before his Essay was published, he was invited in the Medical Society to display his experience; or, in other words, his cases. For as his views were at first represented, he was informed that could they be supported, an era would be proclaimed in our profession, such as the discovery of vaccination only had equalled: and such as weeping humanity despaired of realizing.—

With regard to his experience,—his cases, his facts,—the author was mysterious, as in his *Essay* he is unsatisfactory.

If there be any new considerations presented in his *Essay on Yellow Fever*, it is hoped they will be valued for something else than their novelty. If any objections which this Criticism has raised, be found not to bear the test of experiment; it will give to the writer all that pleasure in acknowledgment of his error, which can exist in the mind of a candid man, whose desire is to see the practice of physic resting on the immoveable basis of philosophical induction.

TH: HENDERSON.

Georgetown, May 1824.



CRITICISM.

“If a man in any science, make an assertion, it behoves him to bring some proof of such assertion. This has unfortunately been very rarely the case; in medicine, a man has very often taken *his own whim* as the truth, without bringing any proof.”—[FORDYCE on Fever.

A REGARD for truth has led to this notice of the Essay on Yellow Fever. A conviction of the essential nature of the considerations presented, and the practice recommended, lead to the inquiry, how far the first are to govern an estimate of the healing art, in its general aspect in this country; and the latter, to influence our practice when called on to grapple with this monster, the Yellow Fever. These subjects should be prosecuted in the true spirit of criticism. The attempt is made with the impression that we are labouring in the field of philanthropy; where to spare error would be a cultivation of personal feelings, at a sacrifice too costly for the consistency of the medical man.

Is the spirit or letter of the Essay, foreign from truth? We think it is in direct opposition to experience and reason. Is it important to exhibit this? It is; because the error is authoritative in its origin; ingeniously speculated on; and directed to the younger members of the profession, who may not be guarded against the specious garb, under which it appears. Not that it is to mislead, where maturity of mind and extended observation have formed the practitioner's judgment;—to such, the errors are palpable. Even to such, an inquiry may not prove altogether uninteresting.

The motives of the author are not questioned. What can they be other than those of the most exalted spirit of bene-

volence? But the fallibility, in some, or the impotence of human essays under other circumstances, teaches the truth that an essay to be useful, calls for something beyond the *quo animo*; and that evil has often resulted from the best feelings of the heart, not being under the happy direction of an overruling judgment.

The observations which follow lose no weight on account of their not being the fruit of experimental acquaintance with Yellow Fever. Practice ever has been, and ever will be mainly directed by authority—because authority is, or ought to be founded on experience. The Essay does not justify us in believing it to be the result of experience, for it gives us none. Not informing us when or where this or that remedy was used, it leaves on the mind the impression of fine spun theory, woven by the midnight lamp. The reader is not permitted to follow the author by judgment on his cases—only one is given in which the emetico-cathartic was exhibited; and that case is recognized, as one of oppressed functions of the stomach and brain from a large mass of undigested aliment.

As an Essayist would be estimated, who should write, that, certain indications met with boldness, tetanus and hydrophobia would be classed with the ephemera, and like them cut short in their career; without giving a case to enforce his suggestions, or even a plausible reason for receiving them, so will the author of the Essay be respected, till some better reasons be offered for the admission, that in his hands the treatment of Yellow Fever has been less fatal, than in other circumstances. In an ordinary disease, no such circumstantial detail would be required. Yellow Fever is not an ordinary disease. The efforts of genius displayed in speculations on this disease are entitled to regard—yet it is of importance that theory should rest on its proper level, and be appreciated duly. In the introduction of a remedy, opposed to all experience and at variance with every principle that reason

can suggest, as we suppose; theory alone cannot afford grounds for exultation, in the prospect of blotting out an opprobrium to our profession.

Are we, on the authority of the Essay, to use emetics in Yellow Fever? We are told "that emetics can be confidently recommended as by far the most salutary means that can be adopted in Yellow Fever."

By a concurrence of testimony neither to be questioned nor controverted; by symptoms and post mortem appearances, we are irresistibly led to the conclusion, that the stomach is "the seat and throne" of this disease. Justified in the apprehension that this key to the system being lost, and destroyed by the violence of the disease, one of the greatest impediments arises to its successful treatment.—Paralyzed in its functions, and disorganized in structure, the means of introducing remedies into the system are lost. Other lesions are to be considered as secondary agents in leading to fatality; the chief one being the irritability—the inflammation, the *death* of the stomach. In authors of the highest practical character, nothing is so frequently set forth as the "vomiting with straining, mucus and common drink alone being ejected";* "the sense of burning heat at the stomach";† "sickness at the stomach from the first, which increases with the disease, and immediately after any thing is taken to quench the thirst, retchings succeed, with anxiety, stricture, soreness, with intense heat about the præcordia";‡ "the worst symptom, a retching or vomiting, which is greatly aggravated by emetics";§ "the irritability emetics give rise to, can never be compensated by the imperfect evacuation they may produce";§ "vomiting and violent straining to vomit, commenced very

* JOHNSON ON Tropical Climates.

† BLANE ON Seamen.

‡ MOSELY ON Tropical Climates.

§ HUNTER ON Diseases of Jamaica.

§ CHISHOLM ON Fever.

early, and could with difficulty be controlled: most generally in the commencement, nothing but the drink and other liquids which had been swallowed, or a glaring mucus, were thrown up";* and Dr. Rush speaks of the efficacy of bleeding in checking the vomiting in the early stage of the disease, and thereby enabling the stomach to retain medicine. "Among other symptoms, an affection of the stomach peculiarly disagreeable—it is impossible to give a clear idea of it in words— anxiety and nausea, and certain unusual feelings, strangely combined."† "The stomach, which seems truly to be the throne of the disease, was generally irritable from the first, easily excited to vomiting, which when it came on spontaneously or from any thing taken, was uncontrolable, or restrained with difficulty; soreness at the pit of the stomach, which was much increased by straining to vomit."‡ A few extracts have thus been made from some of the ablest and most experienced authors, affording their views of the symptoms indicative of the state of the stomach, and its connexion with the pathology.

A brief view of the post mortem appearances in relation to the stomach, will now be taken. Some stress is laid on this part of the subject in the Essay, in which it is said, on the locality of diseased action in Yellow Fever, that "post mortem examinations, though ardently prosecuted, have hitherto cast so little light on Yellow Fever—which like the gout, flies about the system, seizing as a vulture, and yet when death ensues we seek in vain with the knife for the traces of its violence."

If the author means to say that dissections have not yet thrown any light on the *cure* of Yellow Fever, it may not

* SAMUEL JACKSON, Philadelphia Journal of Medical and Physical Science.

† ROBERT JACKSON on Fever.

‡ DR. DICKSON of Charleston, Philadelphia Medical Journal, 1798.

afford a material ground for difference with him: but if, which seems evidently his meaning, that the knife has thrown no light on the seat of the disease, or its locality, there is pointed issue joined. Whatever may be the difference among medical men as to the treatment of, or any other circumstance connected with, the disease, they all concur in the post mortem appearances—the brain slightly affected—the contents of the thorax nearly natural—the abdominal viscera being the oönoxious regions—the stomach inflamed, gangrenous, mortified, abraded—the intestines more or less so—the liver frequently although not always diseased—sometimes the spleen and kidneys—but the *stomach*, “the seat and throne of the disease.” There is amongst the host of authorities not a dissenting voice as to the locality of diseased action. How absurd, then, the analogy attempted to be shewn with “gout, and the seeking in vain for the traces of the disease.” That case is not to our knowledge recorded, where the appearances were not palpably located; or if there be a case of the kind, it is an exception to a most general rule. We are compelled to refer the author of the Essay for information, to the reports of Professor Physic, of Dr. Parish, and Sam. Jackson, on the subject of post mortem appearances.—Nay, he is requested to read the paper of Dr. Daniel, on the diseased state of the stomach, &c. in the same number of the Journal with his own; that of Dr. Dick of Charleston; and that of Dr. Randolph of New Orleans. We must quote one more author on the post mortem appearances in this disease: Professor Chapman, in his *Therapeut*, ii. 298, “the stomach was universally met with in a state resembling that which is produced by the action of the corrosive poisons; or in other words, presenting the phenomena of malignant gastritis.”

Under these views, most clearly established by authority, let the subject be prosecuted to its most interesting conclusion. Are vomits safe in Yellow Fever? To the proof of the negative of this question.

Dr. Burnett observes, that "his experience should prove a lesson against the use of emetics in fevers of hot climates, where *gastric irritability* is one of the most formidable symptoms." The treatment pursued on board two British frigates, was by *emetics*, calomel and antimony, &c. and fatal to a most remarkable extent. We find Blane assiduously engaged from first to last, in allaying the irritability of the stomach, which occurs so early and proves so fatal. Mosely says, "the vomiting is from *irritation*, and not from *plenitude*; therefore vomits are never to be given: no, not even warm water, as recommended by Hillary, for fear of exciting and stirring up that terrible commotion which nothing can allay. "How often (says he) have I seen and lamented the effects of emetic tartar given to remove the supposed cause of the treacherous symptom of vomiting. Instead of removing the irritating sickness in this fever, or exciting a diaphoresis, a spasm has been produced in the stomach, incessant vomiting, inflammation, and the patient has vomited away his life." Hunter's testimony is to a similar effect. Chisholm says, "except in very slight cases of this disease, vomits should never be given; for the irritability they give rise to can never be compensated by the partial and imperfect evacuation they may produce." Robert Jackson tells us he cautiously avoided emetics. Dr. Rush's experience of bloodletting in allaying irritability and enabling the stomach to retain medicine, is alluded to above. Dr. Archer, an able and accomplished practitioner of Norfolk, states—that when the stomach would admit of it, which was *rarely the case*, an emetic of Tart. Antim. had a good effect: but as a general remedy, it could not be used; as when nausea prevailed, it was apt to increase it, even after its operations had ceased.

The prominent feature of an almost uniform and unconquerable irritability of the stomach, is laid down as an established truth in Yellow Fever—occur when and where the disease may. The danger of increasing this irritability, is

awfully apprehended by every author whose works have fallen under our observation: and the fact that this takes place from emetics, is admitted by the author of the Essay, (page 312). He therefore modifies the treatment, and gives the emetico-cathartic or dry vomit. Does ipecacuanha or tartar emetic lose the emetic property by being combined with calomel. It is well known that they do not; so far from it, this combination is, while it frequently operates as much as an emetic alone, much more nauseating and debilitating to the stomach, than an active emetic at once prescribed and done with. It may be asserted as a fact not susceptible of denial, that the operation of an emetico-cathartic is never under absolute control; and experience teaches us that nausea, heaving, and effectual vomiting, are very frequently the result of its administration. Here, then, this prescription in no wise differs from an emetic; or to us, the secret is unknown of so exhibiting it as to produce this exact effect: and it remains to account for its peculiar adaptation to Yellow Fever. This is done by its operation as a dry vomit. To the dry vomit, then, belongs this efficacy: it is by this that the Yellow Fever is to be made to "terminate happily, like the ephemera, and to be cut short in its career". In the author's Essay there is no peculiarity but this; for let it be here remembered distinctly, that he reprobates above all things, emetics or wet vomits.

There are two authorities on the subject of emetics in Yellow Fever, most properly to be introduced here. The first is the venerable Robert Jackson, whose experience in early life in this disease, has already been alluded to. In 1817, this experience is rather more favourable to the use of emetics in *Fever generally*; and his words are given relative to the subject matter of review.—"Emetics do *no good*, they even do harm contingently when the habit is full, the arterial action high, the pulse hard, tense, or small deep, and contracted—the skin thick and torpid; or where the functions of important internal organs, viz: head, lungs or liver, are op-

pressed by sanguineous congestions:" again, "a prejudice exists with many against the use of emetics in the Fevers of the West Indies; and emetics I am free to say *do no good*—they even do harm contingently in the *ardent and concentrated forms* that present themselves in that country, if given without preparation by abstraction of blood; but even when so given they do less harm than I was at one time disposed to believe." But even if this author were an unqualified friend to the use of emetics in Yellow Fever, it is worthy of remark, how diametrically opposed he is to the mode of exhibition, and the accompanying circumstances in their use, recommended by our author; who says, "we lay it down as a maxim, that blood cannot be taken away before the evacuation of the alimentary canal:" and "the reason why so much mischief has followed the use of emetics, is the ordinary mode of their exhibition, followed by large draughts of fluids, alternately distending and emptying the stomach," &c. Dr. Jackson, who, by common consent, is admitted to be authority as high as is to be met with, and who has recently communicated the fruits of a *widely extended experience of almost half a century*, lays down no maxim such as has been quoted, but gives as his experience, "that in some cases abstraction of blood to a very large extent is indispensably necessary to assure a safe and effective operation from emetics; in others, the preparation of the stomach by tea, whey, warm water or other beverage in which alkali has been dissolved: besides, during the operation the stomach is to be washed out at intervals, with alkalized infusion of camomile tea or warm water. As it is seen that an emetic of severe operation arrests or sensibly mitigates the force of the disease, while a mild one has no beneficial effect; it is proper to administer emetics of severe operation in the stronger forms of fever, and to encourage the vomiting, &c." These last remarks are general. Let it be borne in mind here, the horror with which the author of the Essay deprecates even a single glass of water

with his dry vomit. Another author on this subject, is Dr. Yates, in No. 1, Vol. viii. New-York Med. Repos.—He says, out of *seventeen decided cases of Malignant Fever sixteen were cured*, by giving more than a grain of tartar emetic after each fit of retching; and this from day to day, till the vomiting ceased. After the stomach had in this way become *quite calm*, he gave a *full dose of the emetic* with the view more fully to empty the biliary ducts. A motive most deprecated by our author. There can, then, be no difficulty in curing Yellow Fever, or very great difficulty in deciding between the author of the Essay under review, and Dr. Yates: for the former tells us the indications pointed out by him being met with boldness, Yellow Fever will be cut short like the ephmera—the latter with a remedy hitherto considered as almost fatal, cures *sixteen* out of *seventeen* decided cases; the mode of exhibition and the *modus operandi* of his emetic being the very reverse of that of the emetico-cathartic proposed by our author.

We will now refer to the Essay for the *modus operandi* of the emetico-cathartic, which is, “to cut short Yellow Fever in its career, and make it terminate happily, like the ephmera.”

It is said that this emetico-cathartic or dry vomit, “will, after ejecting the immediate contents of the stomach, cease further to excite that viscus, and will exert its purgative property; “when the emetico-cathartic is properly given, *all which is above the pylorus is thrown up, and that which is below passes down*. Now that this appears on paper in the Essay, is true enough; this is not satisfactory. The author may be admitted to be a good judge of the extent to which vomiting should be carried in diseases;—but we recur to the question, who shall say to this dry vomit, so far shalt thou go and no farther? Are we to expect a revival of a sect of practitioners called mechanical physicians, who attempted to adjust the doses of medicine, by a mathematical rule—such as “the

doses are as the squares of the constitution?" Or is this prescription to be used as possessing an eclectic intelligence, and a regulated power? We have been a long time employed in the practice of physic; and have resorted to this dry vomit in many cases, speaking with precision; and we say with disinterested candour that very little, we cannot say that any difference has appeared in the nausea, vomiting, or muscular violence in the emesis produced by it. Dr. Fordyce in his second dissertation on fever, makes the following observations on emetics—the reader will apply them to the subject of this review. "When the stomach is empty, and drink is not administered during the action of an emetic, the vain attempt at evacuation after the contents of the stomach are evacuated, or the retching always proves stimulating, and deranges the system very considerably." Again he tells us, "If an emetic of almost any kind, which takes up a very small volume, be exhibited, if there should be nothing in the stomach to be evacuated, there arises an effort to evacuation, or in other words a reaching which is attended with a great deal more pain, than if there was a quantity of some substance in the stomach to be evacuated. This has induced practitioners, to give, after an emetic has been exhibited, watery fluids to drink, &c." And, that there is very frequently nothing in the stomach to be evacuated, except mucus, in the first stage of the disease, is true.—It is an absurdity, to use the least appropriate strength of expression, to say that the contents of the stomach alone are thrown up; and then the calomel intimates to the ipecacuanha, you have done your office; vomit any more, and you involve all the horrible consequences of an irritable stomach in Yellow Fever: I will pursue my journey downwards and finish this business; before I go, however, I deprecate again your exciting this stomach any more—we must "cut short this Yellow Fever and make it terminate like the ephemera."—This may be considered a light way of treating the reason-

ing of the author on the intelligent *modus operandi* of this firm of adventurers; but take from page 314 to near the end of page 315, and say if a serious reply can be well made to it.

But suppose for a moment, that all this theory—for it is nothing more, and we shall presently give reasons for so thinking it,—should not be realized; suppose that this dry vomit should not in the generality of cases operate with this eclectic, intelligent, mathematical effect; what consequences are involved in the supervention of undue emesis, and who shall say, how much of the emetic power shall be sufficient to “excite that disordered state, *momentarily increasing until fatal symptoms, either arising from, or evidently hastened on by the remedy, take place?*” The author of the Essay has triumphantly answered this objection *in theory*: and while ingenuity has been exercised on gratuitous premises and erroneous inferences, we with all due respect require of him facts, on which our judgments are to rest. Has he given them? *One* case is given us; and he observes, “under *similar circumstances* we would venture to give this, at a much later period, as we have subsequently practised with the best success.” If the *one* case is to be received as a case of Yellow Fever, it cannot be so done without inquiring into it. A man of temperate habit and good constitution, vomiting, lethargic, feverish, pulse *somewhat* oppressed, eyes dull, suffused, respiration hurried—an emetico-cathartic, is given him, and he throws up two large fragments of undigested food, perhaps salt pork or beef—the man recovers forthwith—and *Yellow Fever is cured*. Now, who has not found all these symptoms from the same causes? Who has not seen a man or woman relieved from *apoplexy* by throwing up undigested food from an over-distended stomach? It is very questionable whether this was a case of Yellow Fever: and we think, without risking the charge of skepticism, that more and very different cases are requisite to make out the author’s conclusions. It is not an unreasonable view to take, that the circumstances in

which the subject of the case was placed, were such, as to deceive not only himself, but even his surgeon into the *apprehension* of Yellow Fever; and we all know the effects of apprehension, and the force of circumstances in such cases. The equivocal character of this case, then, leaves the right and reason to ask for more facts, before we can agree to face all authority, experience, and—place it last—reason: something more must be adduced before we are at liberty to admit that Blanc, Hunter, Jackson, Mosely, Robertson, Burnett and Johnson, with a host of others, have been deceived on a point, which observation made as clear as noon day;—before we can allow, that it was owing to their treatment that Yellow Fever has become more mortal; before we can say, that the author has borne himself out in the assertion, that this course pointed out by him will place Yellow Fever on a footing with the ephemera: we would think him more reasonable in inferring that salt pork or beef undigested, was the cause of Yellow Fever.

We think and hope that the author of the Essay and ourselves will agree on one point—that *vomiting* is *vomiting*; nay, go farther together—that an emetic and an emetico-cathartic, a wet and dry vomit, both produce puking.—We are utterly at a loss for authority, other than the author of the Essay, for the fact, that a dry vomit can be made to produce so much and no more puking, and that with an exact degree of violence.—Now if these be admitted, and who will deny them, why should not the violent exertions produced by the act of vomiting, as much affect “the seat and throne of the disease” in the one case as the other? Melancholy experience proves that emetics are most fatal. The author of the Essay has utterly failed to satisfy any person but himself, that an emetic with a cathartic mixed with it, possesses such a different influence.—On this point in his Essay, it may be truly observed, that “generalities are barren” and accumulation of facts indispensable.

An objection which may be made by prejudiced minds, or by those uninformed on the subject, that no experience is offered by us, is abundantly admitted. But, is the multitude of men whose names adorn our science, and whose works are standard, and who have enjoyed the most abundant and extensive field for observation, in the fleets and armies of unacclimated Europeans, to be disregarded? If so, by parity of reasoning, how is the author of the Essay to be admitted, whose observation has been comparatively circumscribed, and whose detailed experience, has been weighed in the balance, and found utterly wanting? We will not question the private principles of our author; but truth is more to be regarded than a friend—and no subject to be safely approached, requires more philosophical observation, founded on practical unerring facts, than Yellow Fever. It is time that those who write should write to some purpose; it is time when innovation is attempted, that solid ground should be occupied; it is a duty for those who make this innovation a ground for sweeping charges against our profession, to use precision in terms—lest peradventure a deeper lecture on death be read, instead of an improvement suggested.

In the Essay before us, there is a prevailing passion for theory; all which, in its place, is well. But when the speculations are illustrated for practical purposes, the exemplification is singularly unfortunate. Take the case given as a proof of the sedative operation of mercury. A man during a sickly autumn, was seized with Bilious Fever; he takes at night ten grains of calomel; this commenced in the morning a gentle operation, which going on steadily, ten grains more were given, which instantly checked the purging; then comes on constipation of the bowels—and the inference of the author is, that mercury possesses a remarkable property of destroying or suspending, the susceptibility of the intestines to the action of purgatives. We should say this case was treated without energy; and that obstruction of the bowels

was the result, as frequently happens when early active purgatives are not exhibited in like cases. The last conclusion to form from such a case, would be, that ten grains of calomel had checked the purgative operation of a preceding ten grain dose, which seems to have done well. At least, more cases are necessary to this point, in order to enlist in its favour such unreasonable skeptics as we are. We will not quarrel with the author about the *modus operandi* of mercury—only observing, that before it is admitted to be a sedative, as he lays it down, some stubborn practical facts are to be gotten round or over. Abundant experience teaches that in autumnal fever, calomel, in doses of three or four grains, given once in four or five hours, produces purging, and often very free purging. It is not sanctioned by experience, that it is so sedative as to bring about constipation. This effect has been observed after absorption—not before it;—nay, it has been a great source of delay and difficulty with practitioners, to control the purgative effect of calomel, even in grain doses; so prone is it to produce a loose, rather than an opposite condition of the bowels. Ample experience establishes the fact, that calomel given in doses of five, eight, or ten grains, occasions very frequently, vomiting—and this, forsooth, by its sedative powers; for according to the author, it is stimulant only when absorbed. It is indeed almost always necessary to combine opium with calomel, when the object is to introduce it into the system; the opium to prevent purging and irritation which calomel by itself, so frequently occasions. In the case of this combination; which is the sedative, the calomel or the opium? If the former be given alone, griping, purging and intestinal irritation,—palpable sedative effects!—prevail to a great degree; give them combined, and all is calm and ease. An ingenious attempt has been made to give mercury a counter stimulant character. To be such, is one thing—to be a sedative and antispasmodic, is another. Let us state a few cases which will place the rela-

tive action of antispasmodics and mercury, in a true light.—Cholera morbus should, if mercury in its primary operation be a sedative or antispasmodic, be met by this remedy instead of opium. It is suggested to the unprejudiced observer, to form some estimate of the probable result of the sedative influence of mercury in this case. In colic, if mercury be a sedative or antispasmodic, this remedy should be directly soothing and sedative, and preferable to opium. Is this the fact? In bilious colic, we give calomel, not because by any sedative operations it allays the irritability of the stomach, but because of its specific gravity it is retained when bulky and unpalatable doses are rejected. In dysentery, when we give calomel, it is proverbially true that no relief is obtained until free and copious evacuations are brought off by it. In short, when an immediate and primary sedative and antispasmodic is required, we resort to any other medicine rather than mercury. The *modus operandi* of mercury, we have considered in two aspects; one locally stimulant on the stomach and bowels and liver—the other alterative and generally stimulant, when affecting the system after absorption. This simple view is, in our opinion, the whole truth as to the operation of mercury. From a work, the character of which is admitted in Europe and America to be unrivalled, we quote this expression: “Whenever we wish a strong and permanent impression to be made on the alimentary canal, and through it on the neighbouring viscera and the system generally, calomel, by universal consent, is adopted for such a purpose.—[*Paris Pharmacologia, Art. Mercury.*] If a medicine which almost invariably purges powerfully, and most frequently occasions vomiting, be a sedative; then is calomel a sedative. It is not desired to disturb the author in his mercurial theory; as it leads to no practical result or material error. So many able writers are to be found differing from each other on the *modus operandi* of mercury, that we utterly despair of saying any thing worth penning. We are content

to take their practical instruction, where it is to be found, and thank them for it. It shall be our endeavour to find some in the Essay: and will brighten our intellects, and blame them, too, for not being able to do so sooner.

How exceedingly discrepant medical men are in their experience. How strangely their lots are cast in the sphere of professional observation. These remarks are elicited by the deplorable picture the author gives of what he has observed from the use of mercury. For example he tells us "that we meet with *innumerable* instances of these with shattered constitutions, whose atrophic limbs and sallow complexions are hurried to the grave with all the marks of early decay and premature old age, "a melancholy group"—the victims of mercury." Messrs. Miner and Tully, have lately made a book, in which they prove to their own satisfaction, that nobody can use the lancet with safety but themselves, and give this singular notion: "It has been calculated, that within an hundred years from Sydenham, the indiscriminate use of the lancet and the antiphlogistic regimen, so highly recommended by him, was the cause of more premature deaths, than the wars that ravaged Europe, during that period." A reviewer quaintly asks, who ever did or could make such a calculation? Now we ask the author of the Essay how he knows that the instances of mercurial destruction were *innumerable*? Did he, when he met with them, attempt to count them? What with Tully and Miner's bleeding and antiphlogistic regimen, and the author's mercury, it is only to be wondered, that these reporters themselves are left "*rari nantes in gurgite vasto*" to tell the mournful story.

We have been engaged for more than fifteen years in the practice of medicine, and have enjoyed extensive opportunities of observing the effects of mercury in disease. Having always entertained opinions of this article opposite to those which are here held forth, we have used it as the sheet anchor of safety in autumual disease; and can say, and do affirm

with confidence, that no subject of observation has been more rare, than the poisonous effects of mercury;—on this point the declaration from us is entitled to perfect respect, for uninfluenced by love of system, we have endeavoured to seek with unbiassed minds for the truth. We have in the whole course of our experience seen but two cases of dangerous mercurial disease.

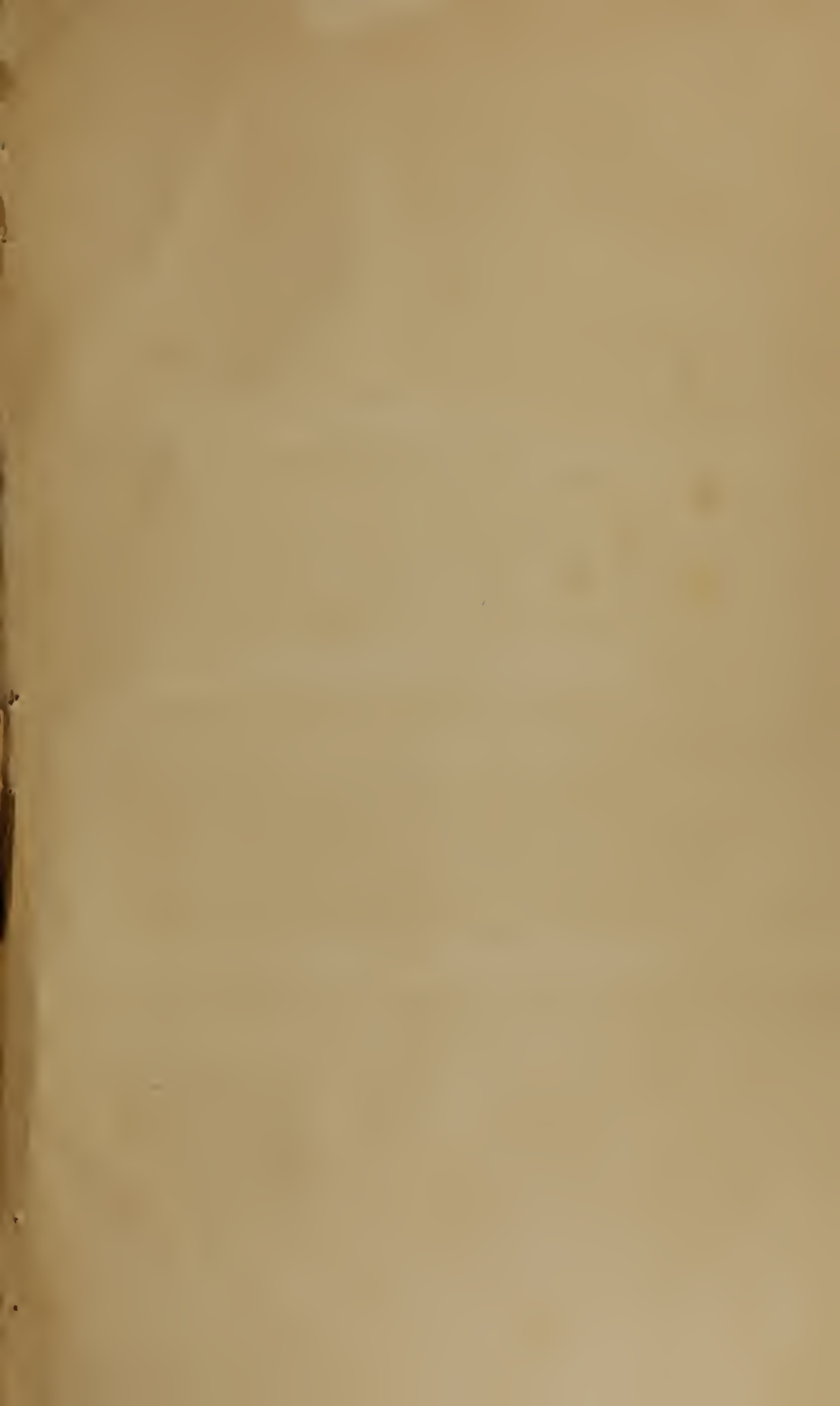
Again: to what a region the author must have been transported where “the opinion prevails that mercury, *unrestricted in quantity*, may be taken *at all times, under all circumstances, regardless of contra-indications, with the most perfect safety.*” We must believe that this opinion prevails somewhere, because the author says so; but where it can be, except in the quicksilver mines of Peru, we cannot conceive. Such an opinion does not prevail in this country even with regard to beef-steak or mutton chop—not to say mercury. We congratulate the author on his escape from such a region;—let him content himself, and “falter thanks to Heaven for life” redeemed from such dangerous associations, and from the sphere of such heterodox notions: and that he has escaped from the pestilential atmosphere of such *prevalent* error. Still more wonderful is the ascription of powers to mercury—“the *fraction of a grain* will sometimes manifest as much and as immediate febrifuge power, as could be found in all the extended catalogue of the *materia medica* beside”! “An equally minute portion is, at times, sufficient to create as great a state of constitutional excitement as any larger quantity”!! “Whilst a half-ounce dose may operate as mildly as an equal weight of castor oil”!!! The author then gravely tells us, “that enough has been said to guard the inexperienced against falling into the fashion of the day, which degrades medicine from the rank of a liberal science, to the mere trade of *vending* mercury.”—Here we again are carried *irresistibly* to the mines of Peru, where vast quantities of mercury are *vended*.

Believing that more is meant in these paragraphs, than is precisely expressed, we take the liberty of inquiring of our author, by whom it is that medicine is thus degraded? Is it by a popular abuse of this article? Then nothing has been said to do away the evil; for old women, or domestic prescribers, cannot understand abstract notions about sedatives and counter-stimulants. If he means that our science is degraded by its professors, *quo ad hoc*; enough has not been said to give colour to the "grievous unlikelihood" of the assertion. More precision in terms than the word *innumerable* and the expression *half-ounce doses of calomel* convey; happier exemplification is requisite, than is to be found in the prevalence of opinions with regard to the exhibition of mercury, such as have been adduced; or the wonder-working fractions of grains; something more distinct and authoritative is necessary to bear out the author. Most unfortunate indeed must have been his associations, if his experience tells him such woeful tales. Supported as this charge is against our profession, medical men have nothing to fear from it.—It is only to be regretted that a member of the medical profession should have assumed the responsibility of publishing to the world, that the diseases of our country are becoming daily more mortal—and this owing to their treatment: and exhausted himself in his attempt at reform, in unsupported practical innovations; in speculations exemplified by looseness of expression, such as will neither bear investigation, nor command respect.

Peculiarly unsupported by evidence, is the assertion, that the diseases of our country are becoming daily more mortal. What diseases the author alludes to, he has not been pleased to inform us.—Whether they be in Cullen's Nosology, or in Milton's Paradise Lost, or in Thompson's Castle of *Indolence*,—for these poets were nosologists—is yet to be made known. Whether it be asthma or apoplexy, fever or fluxes, gout or goitre, madness or measles, pleurisies or palsies—or

what; no intimation is afforded. Be this as it may, the fatality is increasing, and that not moderately, but daily: and this not in Maine or Georgia, Maryland or Missouri; but throughout the country. The assertion is a bold one, and not easily established; it would therefore have been wisdom to be silent, rather than axiomatic. But when the cause is regarded on which this crude suggestion is founded, surely charity should have interposed, until evidence and data infallible and incontrovertible, were adduced, both as to the fact and its cause. A diligent and extensive inquiry into the history of the diseases of our country since 1600, affords not a shadow of foundation for the assertion—so far as we have been able to ascertain, having diligently sought after the truth. If, however, the fault be with us, we ask for information; for reference to those authorities and statistics, which justify the author's ground;—and it will be our duty to bow before authority, such as the nature of the case justifies us in requiring; such as has not yet fallen into our hands. Before truth, however humiliating to what we consider an honest professional pride, we must give way; if it lead to the unlearning what we have learned: to the breaking up of our most favourite principles and systems—even to the acknowledgment, that the diseases of our country are becoming daily more mortal, and this owing to our treatment. Till these requisitions are complied with by Truth, in her clearest aspect, we conclude, *nullius addictus jurare in verba magistri*.

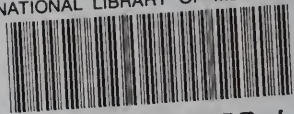








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